



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
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BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS

Board of Nursing Home Administrators Deemed Status Application

I

Organization Name: _____ Tel Number: _____

Business Address (Street): _____

City/Town: _____ State _____ Zip Code _____

Website Address: _____

Contact Name and Title: _____

Is this an Initial or Renewal application: _____

II

List all names under which the applicant conducts or intends to conduct business:

III

Materials to be submitted with the application:

- a) An outline of each Nursing Home Administrator-related course the applicant intends to offer, including topics to be covered and the amount of time to be given to each topic
- b) A copy (or list of) each course manual and the materials to be used in training
- c) A description of the teaching methods to be used (i.e., video, hands-on, lecture, etc.)
- d) A list of all instructor names and their resumes
- e) An example of the evaluation or examination given for each course
- f) A copy of the certificate given to successful course participants
- g) Student to instructor ratio to be used
- h) Number of continuing education credits for proposed course.

IV

To be signed and dated by the Organization Contact:

I, _____, will ensure that all continuing education activities
(Print Name and Title)

presented, sponsored, or approved by my organization will meet all applicable program content and administrative guidelines pursuant to 245 CMR 2.12(4).

SIGNED: _____ DATE: _____

Board Use Only

Approved by Board on: - - / - - / - - - -